

REPORT OF ENVIRONMENTAL HEALTH INSPECTION
Requested by VIRGINIA DEPARTMENT OF SOCIAL SERVICES
As authorized by Title 63.2, Code of Virginia

NAME OF FACILITY _____

NAME OF OPERATOR _____ CAPACITY _____

LOCATION _____

TYPE OF FACILITY

- | | |
|--|--|
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Child Care Institution |
| <input type="checkbox"/> Adult Day Care Center | <input type="checkbox"/> Family Day Home (Complete Section A only) |
| <input type="checkbox"/> Child Day Center | <input type="checkbox"/> Independent Foster Home (Complete Section A only) |
| <input type="checkbox"/> Religiously Exempt Center | <input type="checkbox"/> Certified Preschool or Nursery School Program |

SECTION A: WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS

1. Water Supply: Owned by _____ ☐ Public ☐ Non-Public
If public, operated by one or more municipalities ☐ Yes ☐ No
Approved by Health Department: ☐ Yes ☐ No
Date of most recent Non-Public Water Sample _____

2. Sewage Disposal System: Owned by _____ ☐ Public ☐ Non-Public
If public, operated by one or more municipalities ☐ Yes ☐ No
Approved by Health Department: ☐ Yes ☐ No

COMMENTS _____

SECTION B: FOOD SERVICE (Attach copy of Health Department Inspection Form)

1. Food Service Facilities are in compliance with rules and regulations of Virginia Department of Health which govern restaurants: ☐ Yes ☐ No ☐ N/A

COMMENTS _____

SECTION C: SWIMMING POOLS (Attach copy of Health Department Inspection Form)

1. Pool meets Health Department guidelines: ☐ Yes ☐ No ☐ N/A

COMMENTS _____

RECOMMENDATIONS:

1. Does this facility meet mandatory requirements of state or local health Department? ☐ Yes ☐ No

2. If violations of mandatory requirements were noted, how long does operator have to comply with Health Department regulations? _____

3. Do you recommend issuance of license/certification ☐ Yes ☐ No ☐ N/A

COMMENTS _____

(County/City)

(Signature of Health Director or Designee)

() _____
(Telephone Number)

(Date of Inspection)